

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Platte</u>	Registration District No.	<u>698</u>
Township		File No.	<u>6357</u>
or Village		Primary Registration District No.	<u>4430</u>
City	<u>Weston</u> (NO. _____ St. _____ Ward _____)	Registered No.	<u>6</u>
FULL NAME		[If death occurred in a hospital or institution, give its NAME instead of street and number]	
<u>Joseph Perin Shaw</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	DATE OF DEATH	
<u>Male</u>	<u>White</u>	<u>Feb'y 10<sup>th</sup></u> , 191 <u>2</u>	
DATE OF BIRTH		(Month) (Day) (Year)	
<u>Feb'y 9<sup>th</sup></u> , 191 <u>2</u>			
AGE	IF LESS than 1 day, _____ hrs. or _____ min.?		
	yrs. mos. <u>1</u> day		
OCCUPATION			
(a) Trade, profession, or particular kind of work <u>None</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>			
BIRTHPLACE			
(City or town, State or foreign country) <u>Weston Mo</u>			
PARENTS	NAME OF FATHER		
	<u>Winford W. Shaw</u>		
	BIRTHPLACE OF FATHER		
	(City or town, State or foreign country) <u>Stansberry Mo</u>		
PARENTS	MAIDEN NAME OF MOTHER		
	<u>Anna Sweainger</u>		
PARENTS	BIRTHPLACE OF MOTHER		
	(City or town, State or foreign country) <u>Stansberry Mo</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Winford W. Shaw</u>			
(ADDRESS) <u>Weston Mo</u>			
Filed	REGISTRAR		
<u>Feb'y 10 1912</u>	<u>J. W. Shultz</u>		
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
<u>Lamar Hill Co</u>		<u>Feb'y 11<sup>th</sup></u> , 191 <u>2</u>	
UNDERTAKER		ADDRESS	
<u>None Private</u>		<u>-</u>	

I HEREBY CERTIFY, that I attended deceased from Feb 9, 1912, to Feb 10<sup>th</sup>, 1912, that I last saw him live on Feb 10<sup>th</sup>, 1912, and that death occurred, on the date stated above, at 11<sup>30</sup> a.m. The CAUSE OF DEATH\* was as follows: Inanition

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. W. Shultz M. D. Feb'y 10 1912 (Address) Weston Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FAINTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County

Platte

Township

or

Village

or

City

Weston

(NO.

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Joseph Perrin Shaw

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No.

698

File No.

0357

Primary Registration District No.

4420

Registered No.

6

PERSONAL AND STATISTICAL PARTICULARS

SEX

m

COLOR OR RACE

w

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(If write the word)

DATE OF BIRTH

2/9

1912

(Month)

(Day)

(Year)

AGE

1 yrs. 1 mos. 1 ds.

If LESS than  
1 day, hrs.  
or mins.

OCCUPATION

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

"

BIRTHPLACE

(City or town, State or foreign country)

Weston Mo.

PARENTS

NAME OF FATHER

Winford W. Shaw

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Stansberry Mo.

MAIDEN NAME OF MOTHER

Anna Swearingen

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Stansberry Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Winford W. Shaw

(ADDRESS)

Weston Mo.

Filed

FEB

10 1912

J. W. Shultz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb-10

1912

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from

Feb 10, 1912, to Feb 10, 1912,

that I last saw him alive on Feb 10, 1912,

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH\* was as follows:

Inanition due to  
imperfect nourishment  
of child in utero.  
Cause not known.

(Duration)  yrs.  mos.  ds.

Contributory

(SECONDARY)

(Duration)  yrs.  mos.  ds.

(Signed)

J. W. Shultz

M. D.

Feb 10, 1912

(Address) Private

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LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death  yrs.  mos.  ds.  State  yrs.  mos.  ds.

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Laural Hill Cem

DATE OF BURIAL

2/11, 1912

UNDERTAKER

none - Private

ADDRESS

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)